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C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	RIRLE COLLEGE AND 1	HEOLOG	ICAL SEMINARY INC	_
DOCUMENT NUMBER:		N	10000008692	
The enclosed Articles of Amendment and fee are sul	omitted for filing.			
Please return all correspondence concerning this mat	iter to the following:			
	Sonia Becerra			_
	(Name of Contact Persor	1)		
	Swyft Filings			
	(Firm/ Company)			
3	3 Greenway Plaza #1320			
	(Address)			-
	Houston, TX 77046			
	(City/ State and Zip Code	e)		
	chaplain2000@aol.com	i		
E-mail address: (to be use	ed for future annual report		n)	-
For further information concerning this matter, pleas	se call:			
Sonia Becerra	at		877-777-0450	
(Name of Contact Perso	on) (Ar	rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of	State:	
XI \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Sect on of Corpo entre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

v.

		E AND THEOLOGICAL SEMINARY	INC
Name of Corporation as currently filed with the F	<u>lorida De</u>	pt. of State)	
	N.	10000008692	
(Documen	1 Number	of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Floridament(s) to its Articles of Incorporation:	a Statutes.	, this <i>Florida Not For Profit Co</i>	orporation adopts the following
A. If amending name, enter the new name of the co	orporati <u>o</u>	<u>n:</u>	
Chaplains College S	School of	Graduate Studies Inc	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporatio		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	e: DRESS V	160 MLK BLUG	NE UNIT#404 N, FL 33881
(Frincipal office address <u>3103) DE A STREET ADI</u>		WINTER HAVE	U FL 33881
C. Enter new mailing address, if applicable:	-	130 G1 1300	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u>) _	Hwy 6141	· · · · · · · · · · · · · · · · · · ·
		BAKERSFIELD,	CA 93310
D. If amending the registered agent and/or registered	red office	e address in Florida, enter the	
new registered agent and/or the new registered			S2
Name of New Registered Agent:	26	AN /ALGRANC	<u> </u>
_	205	AN ALGKAND FLORIDA (Florida street of	AUE.
<u>New Registered Office Address:</u>	Au	ON PARK	Florida <u>33</u> 825 (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered z Lam fam	Agent: uliar with and accept the obliga	itions of the position.
	P	11	
X	Sig	mature of New Registered Agen	t, if changing
			300

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		<u> </u>	NO CHANGES
Remove		1.	
2) Change Add		N/4	
Remove Change Add Remove		<u>N/A</u>	
4) Change Add		NA	
Remove 5) Change Add		<u> N/A</u>	
Remove 6) Change Add		N/A	
Remove E. If amending or addi (attach additional she	ng additional Ar	ticles, enter change(s) here: (Re specific)	
(under additional site	(1 110 10001))		

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	110				
The date of each amendment(s) adoption date this document was signed.	:/\/ \(\frac{1}{2} \)		1AN GC3		, if other than the
Effective date if applicable:					
o	no more than 90 day	s after amendn	tent file date)		
Note: If the date inserted in this block does document's effective date on the Departmen	onot meet the applicant of State's records.	able statutory f	iling requiremen	ts, this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•			
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and	the number of	votes cast for the	amendment(s)	

Dated	10-20-21
	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	DALE A. SCADRON
	(Typed or printed name of person signing) DALE A SCADRON - Director
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.